



REGISTRATION FORM
Professional Development Training

Date of Training: _____

Location: _____

Name: _____

Agency: _____

Current Title: _____

Agency Address: Street _____
City _____ County _____
State _____ Zip _____
Phone _____ Fax _____
Email _____

Supervisor's Name: _____

Supervisor's Phone: _____ Supervisor's Email: _____

(Illinois Programs) Is yours a 0-3 Prevention Initiative or Parental Training Program? Circle One

How long have you worked for this agency? _____ In your position? _____

Number of years you've worked in this field: _____

Your Educational Background: High School _____ Associates _____ Bachelors _____ Masters _____
Doctorate _____ Other _____
Major: _____ Minor: _____

Home Address: Street _____
City _____ County _____
State _____ Zip _____
Home Phone: _____

Please provide a brief description of your job responsibilities:

Four horizontal lines for describing job responsibilities.

What are you hoping to gain from this training?

Three horizontal lines for describing training goals.

Please advise us of any special needs or accommodations:

Two horizontal lines for special needs or accommodations.

Baby TALK Professional Development Training qualifies Illinois Teachers for CEU's. Please let us know if you require a CEU for this training.

Please remit payment (check or money order) totaling \$895.00 per person at least two weeks prior to the scheduled training date.

You will receive a registration confirmation and additional training details via email upon receipt of your payment.

*Cancellation Policy: Cancellation notice received via phone or email 7 days prior to scheduled training date: Refund minus \$100 processing fee. Cancellation notice received via phone or email less than 7 days prior to training date: 50% refund available.